

# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)  
06/10/2002

PRODUCER

Serial # B5164

VANGUARD INSURANCE AGENCY, INC.  
215 WEST DIEHL ROAD  
NAPERVILLE, IL 60563

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

## INSURERS AFFORDING COVERAGE

INSURED  
GLOBAL VAN LINES, INC.  
5001 US HWY 30 WEST  
FORT WAYNE, IN 46818

INSURER A: TRANSGUARD INSURANCE CO. OF AMERICA, INC.

INSURER B:

INSURER C:

INSURER D:

INSURER E:

## COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED, IT MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS												
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJ-ECT <input type="checkbox"/> LOC	TCP400001-02	02/01/02	02/01/03	<table><tr><td>EACH OCCURRENCE</td><td>\$ 1,000,00</td></tr><tr><td>FIRE DAMAGE (Any one fire)</td><td>\$ 50,0</td></tr><tr><td>MED EXP (Any one person)</td><td>\$ 5,0</td></tr><tr><td>PERSONAL &amp; ADV INJURY</td><td>\$</td></tr><tr><td>GENERAL AGGREGATE</td><td>\$</td></tr><tr><td>PRODUCTS - COMP/OP AGG</td><td>\$</td></tr></table>	EACH OCCURRENCE	\$ 1,000,00	FIRE DAMAGE (Any one fire)	\$ 50,0	MED EXP (Any one person)	\$ 5,0	PERSONAL & ADV INJURY	\$	GENERAL AGGREGATE	\$	PRODUCTS - COMP/OP AGG	\$
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A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	TCP400001-02	02/01/02	02/01/03	<table><tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$ 1,000,00</td></tr><tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr><tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr><tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td></tr></table>	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,00	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$				
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	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				<table><tr><td>AUTO ONLY - EA ACCIDENT</td><td>\$</td></tr><tr><td>OTHER THAN AUTO ONLY</td><td>EA ACC \$</td></tr><tr><td></td><td>AGG \$</td></tr></table>	AUTO ONLY - EA ACCIDENT	\$	OTHER THAN AUTO ONLY	EA ACC \$		AGG \$						
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	<b>EXCESS LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  DEDUCTIBLE RETENTION \$				<table><tr><td>EACH OCCURRENCE</td><td>\$</td></tr><tr><td>AGGREGATE</td><td>\$</td></tr><tr><td></td><td>\$</td></tr><tr><td></td><td>\$</td></tr><tr><td></td><td>\$</td></tr></table>	EACH OCCURRENCE	\$	AGGREGATE	\$		\$		\$		\$		
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	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>				<table><tr><td>WC STATUTORY LIMITS</td><td>OTH ER</td></tr><tr><td>E.L. EACH ACCIDENT</td><td>\$</td></tr><tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>\$</td></tr><tr><td>E.L. DISEASE - POLICY LIMIT</td><td>\$</td></tr></table>	WC STATUTORY LIMITS	OTH ER	E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$				
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## DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

\* \$1,000,000 combined single limit any one occurrence. **DISCLAIMER:** This Certificate of Insurance does not constitute a contract between the issuing insurer(s), authorized representative producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

Coverage applies only for work performed under the authority of North American Van Lines, Inc.

## CERTIFICATE HOLDER

ADDITIONAL INSURED; INSURER LETTER: \_\_\_\_\_

## CANCELLATION

US DEPARTMENT OF ENERGY  
C/O OAK RIDGE NATIONAL LABORATORY  
2360 CHERAHALA BLVD.  
KNOXVILLE, TX 37931

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE



**ACORD** T M **CERTIFICATE OF LIABILITY INSURANCE**DATE (MM/DD/YY)  
06/10/2002

## PRODUCER

VANGUARD INSURANCE AGENCY, INC.  
215 WEST DIEHL ROAD  
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Serial # B5165

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## INSURERS AFFORDING COVERAGE

## INSURED

GLOBAL VAN LINES, INC.  
5001 US HWY 30 WEST  
FORT WAYNE, IN 46818

INSURER A: LIBERTY MUTUAL INSURANCE COMPANY

INSURER B:

INSURER C:

INSURER D:

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A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	WC2-141-432958-012 WC2-141-432958-022	03/01/02	03/01/03	WC STATU- TORY LIMITS <input checked="" type="checkbox"/> OTH- ER E.L. EACH ACCIDENT \$ 1,000,0 E.L. DISEASE - EA EMPLOYEE \$ 1,000,0 E.L. DISEASE - POLICY LIMIT \$ 1,000,0
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